

## City of Rochester Records Access Application

### Personal Information

This information will only be used to contact you regarding your request.

**Date**

3/8/2019

**Request Number**

RR19-01061

**First Name \***

Mike

**Last Name \***

Davis

**Email**

64277-  
24515735@requests.muckrock.com

**Confirm Email**

64277-  
24515735@requests.muckrock.com

**Firm or Organization**

**Country**

United States

**Mailing Address or P.O. Box \***

DEPT MR 64277

**Address Line 2**

411A Highland Avenue

**City \***

Somerville

**State / Province / Region \***

MA

**Zip / Postal Code \***

02144

**Home Phone**

**Mobile Phone**

**Work Phone**

**Fax**

### Request Details

**Primary Record/Incident Type \***

[What does this mean?](#)

Police

**What date or date range did this happen?**

On

**What time or time range did this happen?**

At

Where did it happen?

Property or Incident address associated with the record

### Additional References

Optional - e.g. local code number, insurance claim number, police/fire report number, accident report number, etc.

**Brief Description of Request\***

Taser and Body Camera Use and Data Retention Policies

**Describe Your Request in Detail\***

Please include any additional information that will help us locate your records. Examples include the specific type of records requested, names or descriptions of individuals or officers involved, dates of birth. If you need more space, please attach your request description as a PDF or Word document using the Upload button below.

To Whom It May Concern:

Pursuant to the New York Freedom of Information Law, I hereby request the following records:

Taser and Body Camera Use and Data Retention Policies

This request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Mike Davis

**Attach supporting documentation (if applicable)**

**Preferred method of record delivery\***

**(Subject to Limitations)**

- ☒ Email
- ☐ Inspect in-person at City Hall (Room 202A)
- ☐ Pick up copies at City Hall (Room 202A)
- ☐ Mail
- ☐ Fax